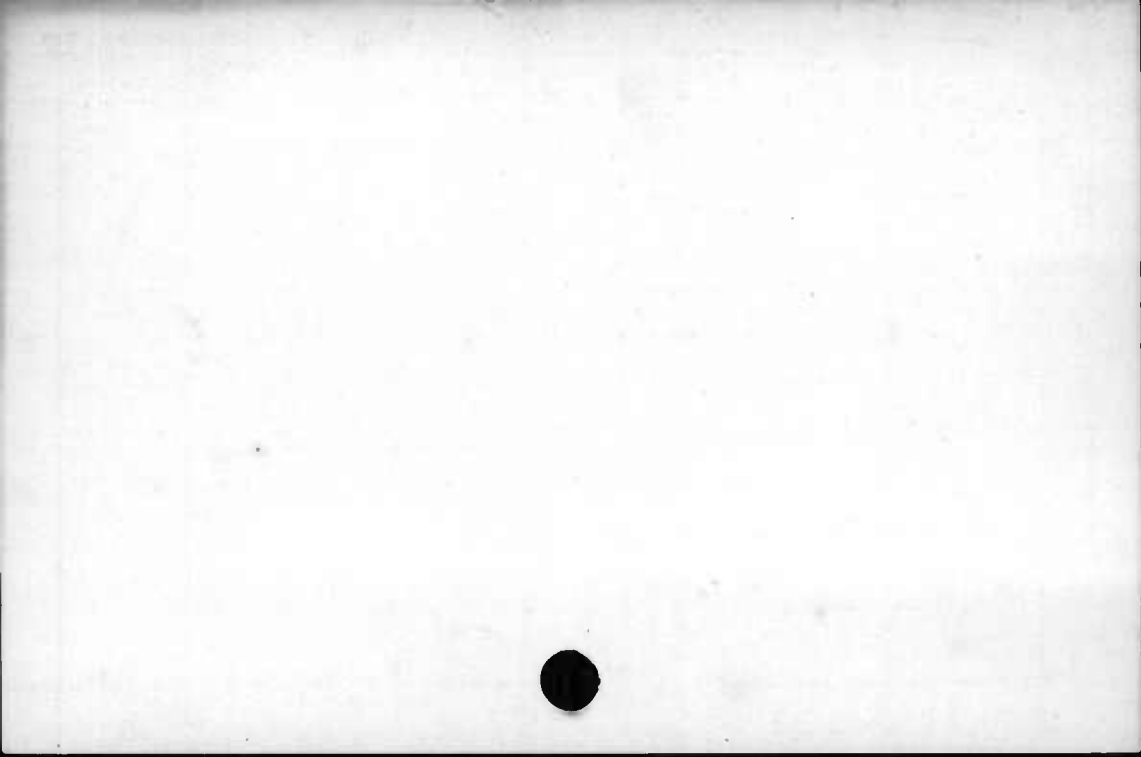


Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Thorton</i> ^{Town}		<i>Montgomery</i> ^{County}	
		Date of death <i>1906</i> ^{Month} <i>Jan</i> ^{Day} <i>3</i>		Age <i>74</i> ^{Years} <i>5</i> ^{Months} <i>5</i> ^{Days}	
		Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Md</i>	
		Occupation <i>Farmer</i>	Where Residing if not at place of death <input checked="" type="checkbox"/>		
		Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Caroline E. Badger</i>		
		Father's Name <i>Sam. E. Badger</i>	Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Louise Badger</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Caroline E. Badger</i>	How related to deceased <i>wife</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Valvular Dis of Heart</i>		How long <i>2 yrs</i>	
		Immediate <i>Heart Failure</i>		How long <i>few minutes</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. L. Lewis</i>	
				Address <i>Kensington Md.</i>	
Accident or Suicide? <input checked="" type="checkbox"/>					



Name
in
Full

CERTIFICATE OF DEATH

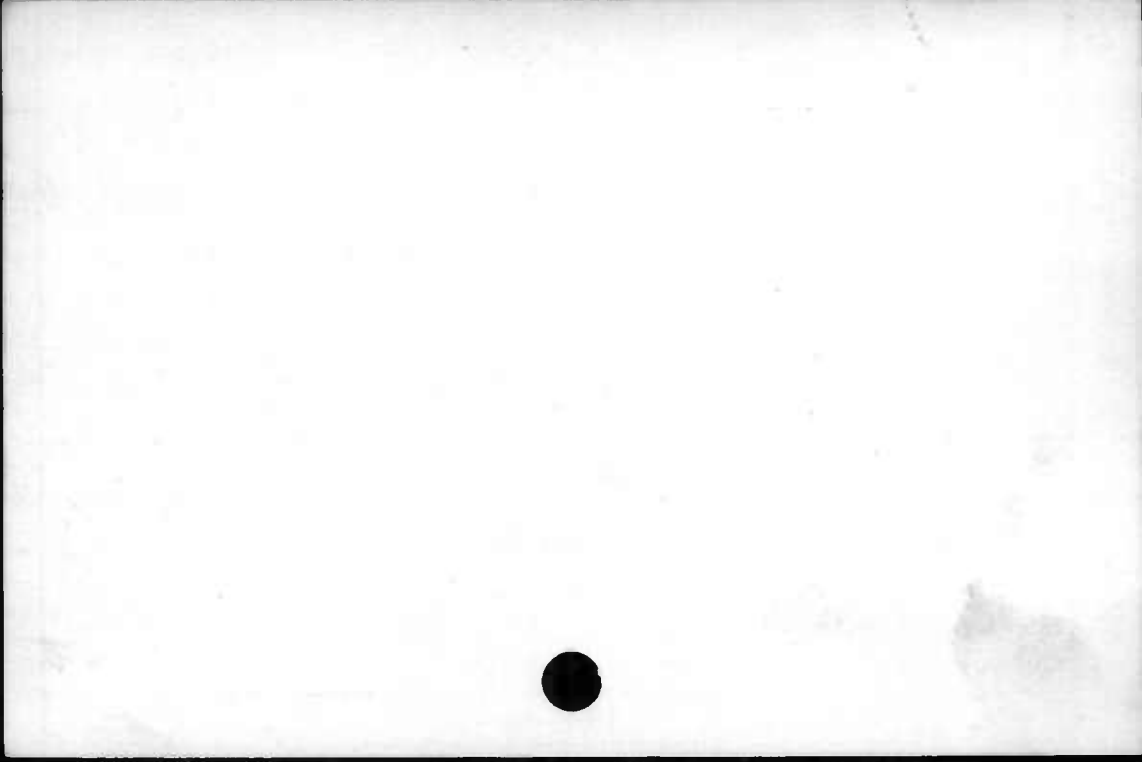
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Two Rockville</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death 190 <i>6</i>	Month <i>1</i>	Day <i>27</i>	Age <i>X</i> ^{Years}	Months <i>X</i>	Days <i>19</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>John T. Barker</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Florence Watson</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving Information <i>—</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

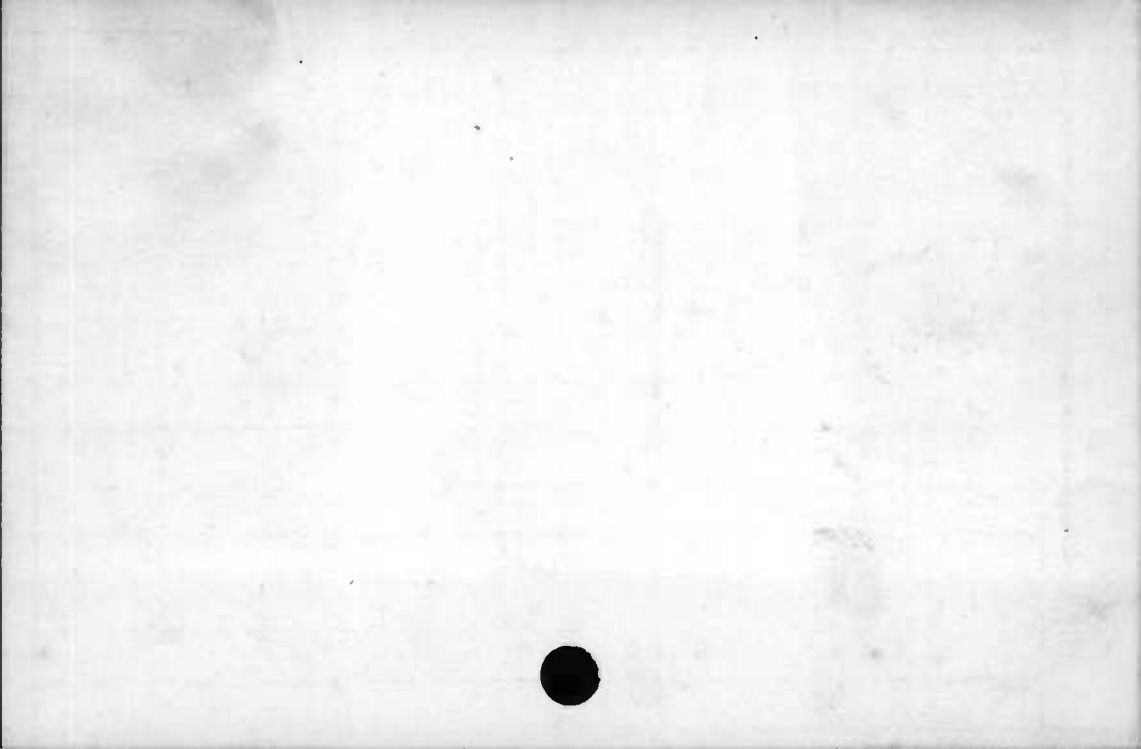
Primary <i>Left Heart</i>	How long <i>151</i>
Immediate <i>Exhaustion</i>	How long <i>19 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. M. [illegible]</i>
	Address <i>Rockville Ind</i>
Accident or Suicide?	



Name in Full		Caroline Bishop				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Olney		Montgomery			
Date of death 1906		Month	Day	Age	Years	Months	Days
		Jan.	15th	5-1		6	5-
Sex		Female		Color or Race		Colored	
				Birth-place		Montg. Co. Md.	
Married, Single or Widowed		Married		Occupation			
				Housewife			
Name of Wife or Husband		Arch. Bishop					
Father's Name		Thesley Heackelt				Father's Birthplace	
						Montg. Co. Md.	
Mother's Name		Eliya Ann Heackelt				Mother's Birthplace	
						Montg. Co. Md.	
Name of person giving information		Robert B. Phoenix				How related to deceased	
						Nephew	
CAUSES OF DEATH							
Primary		Bright Disease				How long	
						About two years	
Immediate		Paralysis				How long	
						About two weeks	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Elias Parquhar,	
				Address		Olney.	
						Md.	
Accident or Suicide?							



Name in Full		O. Liza R. Boland				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	near Rockville		Montgomery				
	Date of death	1906	Month	1	Day	18	Age
			Years		76		
			Months				
			Days				
	Sex	Female		Color or Race	Mulatto		Birth-place
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Widow		Name of Wife or Husband		
					Don't know		
Father's Name			Don't know			Father's Birthplace	
						Don't know	
Mother's Maiden Name			Don't know			Mother's Birthplace	
						Don't know	
Name of person giving information			William Rabbitt			How related to deceased	
						Natal	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Senile Debility			How long	X
	Immediate		Apoplexy			How long	X
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			Edward Anderson M.D.	
		Address			Rockville, Md.		
Accident or Suicide?							



Name
in
Full

Randolph Dork

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} <i>Roseville</i>		^{County} <i>Harford</i>			
Date of death 190	<i>6</i>	Month <i>1</i>	Day <i>2</i>	Age <i>67</i>	Years <i>67</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place	
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Apoplexy</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>O. M. Litchman</i>
	Address <i>Roseville Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

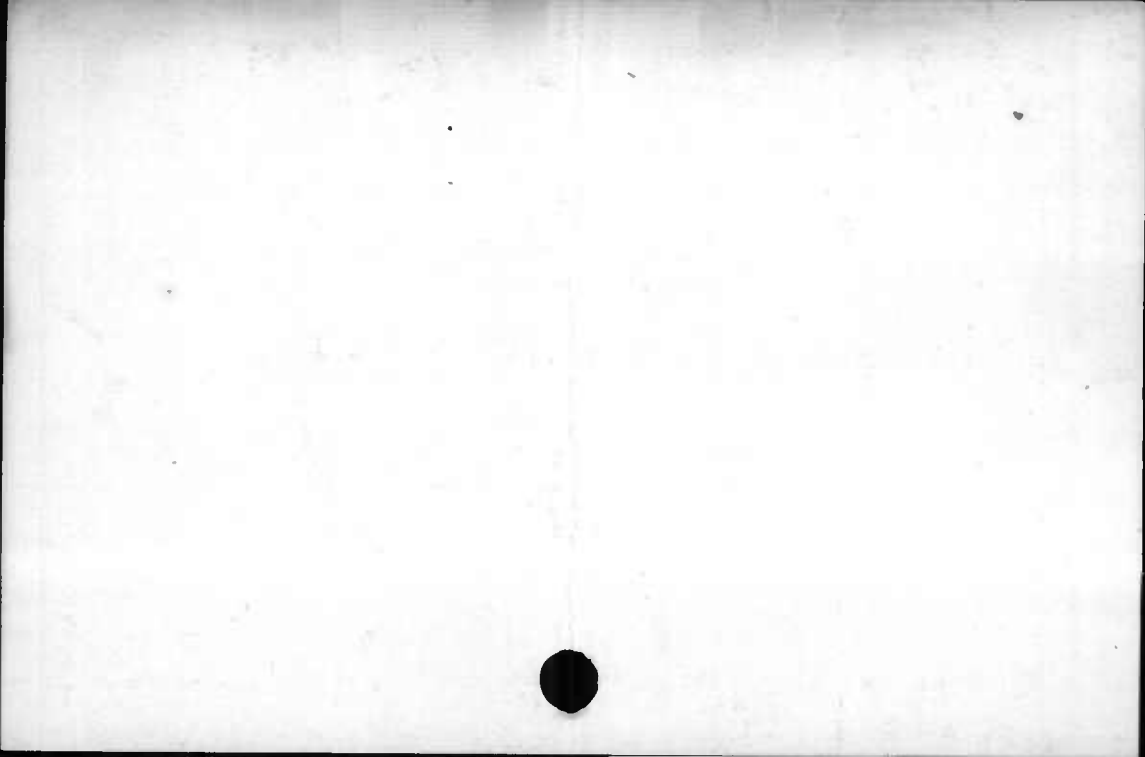
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Jan	30	63			
Sex	Color or Race			Birth-place			
Male	White			Phila. Pa.			
Occupation	Where Residing if not at place of death						
Farmer							
Married, Single or Widowed	Name of Wife or Husband						
Single							
Father's Name	Father's Birthplace						
Unknown							
Mother's Maiden Name	Mother's Birthplace						
Name of person giving information	How related to deceased						
B. Bready		Not at all					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Paralysis of Heart	only a few minutes
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	H. Brown M.D.
	Address
	Silver Spring Md.
Accident or Suicide?	



Name
in
Full

William Grant

CERTIFICATE OF DEATH

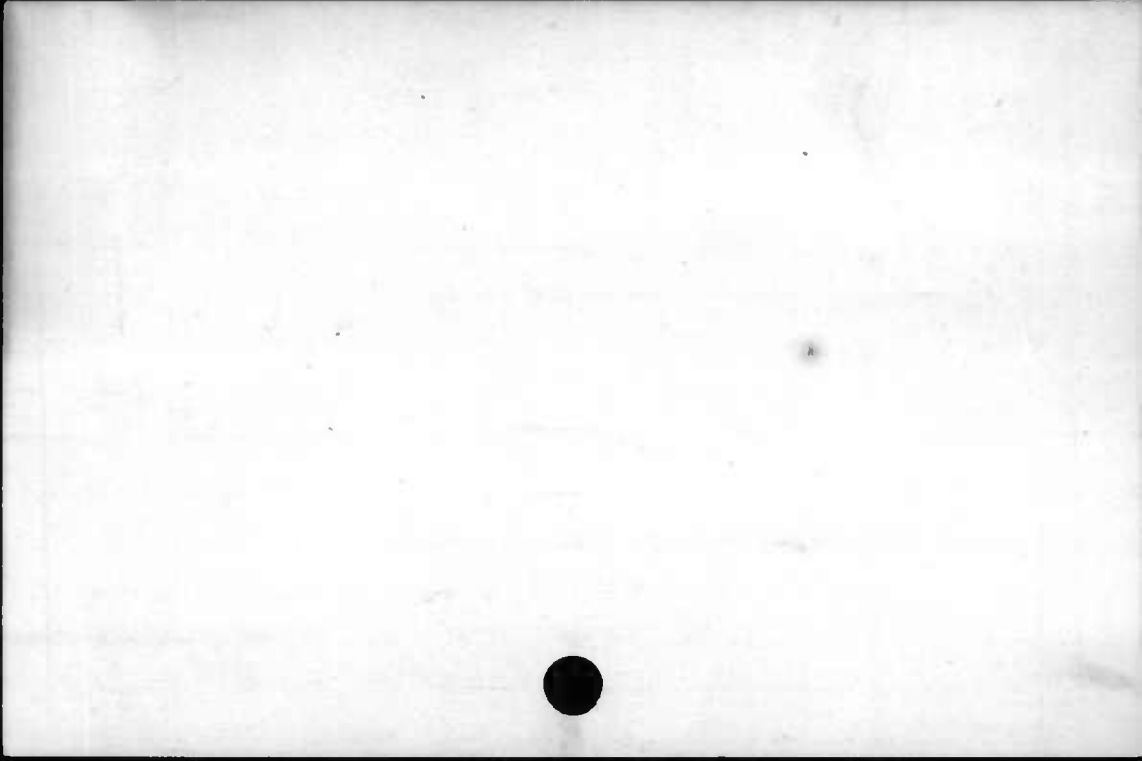
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Bush Lodge Montgomery ^{County} Cal		MARYLAND	
Date of death 1906	Month Jan	Day 24	Age 8
Sex Male	Color or Race white	Birth-place Montg'y Cal	Months
Occupation Farmer	Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband	
Father's Name John Wm Grant		Father's Birthplace Montgomery	
Mother's Maiden Name Mary Cusley		Mother's Birthplace Montgomery	
Name of person giving information M & Wade		How related to deceased Nephew	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia Pneumonia	How long Four weeks
Immediate Heart failure	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J. H. Stewart
	Address Barnsville Md
Accident or Suicide? <input checked="" type="checkbox"/>	



Bertha Virginia Hett

Town

County

Died *Ann* *Ann**Montgomery*

MARYLAND

Date *1906* *Jan.* *16*

Month

Day

Y.

M.

D.

Native of

Occupation

Age *One**Montgomery*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

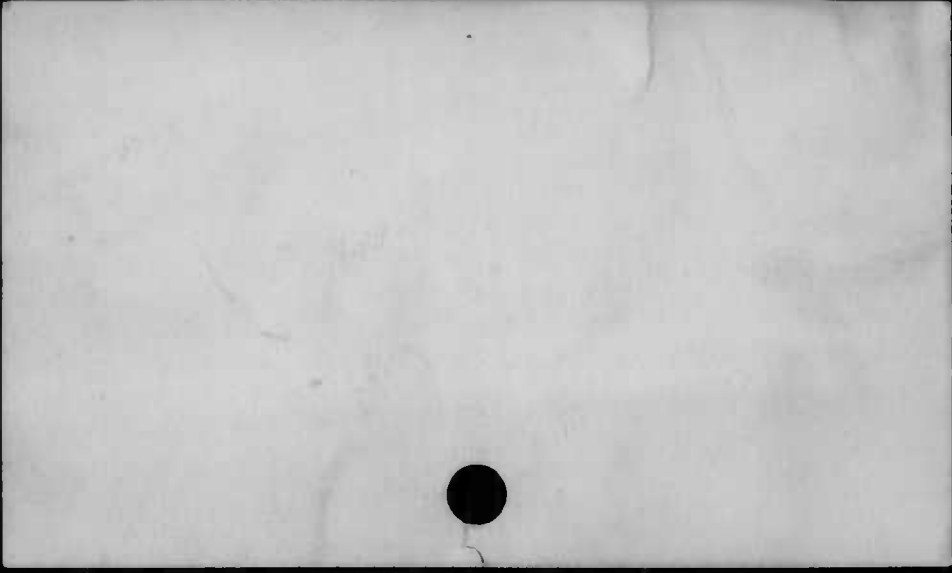
Husband
ofFather's
Name *Mrs. D. Hett*Mother's
Name *Amy F. Hett*Cause of { Primary *Whooping Cough* How long sick *About 3 weeks*Death { Immediate *Pneumonia*~~Accident, Suicide, Homicide~~

Reported by

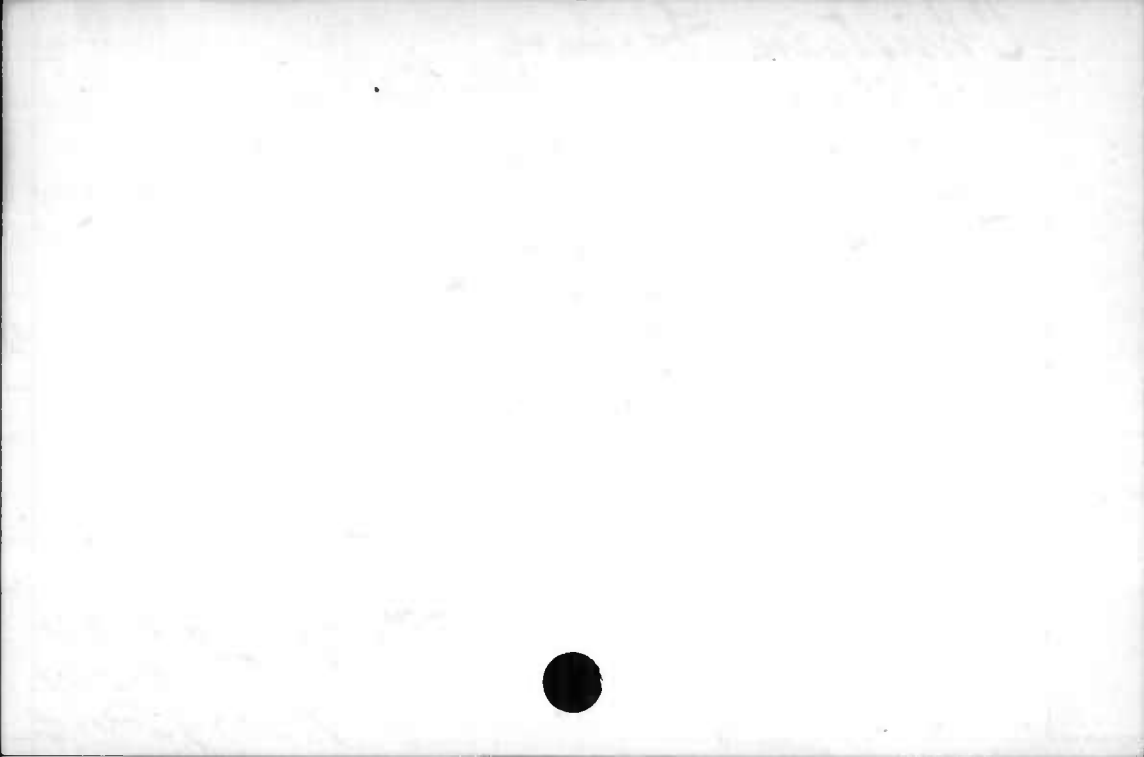
Dr. W. F. Green

Address

Brookville, Md.



Name in Full		Altie Hickman						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Martinsburg		County Montgomery		MARYLAND		
	Date of death		1906	Month January	Day 11	Age Years 15	Months	Days	
	Sex Female		Color or Race White		Birth- place Md				
	Occupation				Where Residing if not at place of death Martinsburg Md				
	Married, Single or Widowed		Name of Wife or Husband						
	Father's Name Richard H Hickman		Father's Birthplace Md						
	Mother's Maiden Name Mary Mc Gaha		Mother's Birthplace Va						
Name of person giving Information Jas B Hickman		How related to deceased Uncle							
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis				How long		3 weeks
	Immediate		Hemorrhage				How long		Immediate
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician R. P. Lott		Address Poleville		
					Address Poleville				
	Accident or Suicide?		No		Address Md				



Name in Full		Christian Hifnar				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Clopper ^{Town}		Montg. ^{County}		MARYLAND	
	Date of death	1906	Month 1st	Day 12th	Age 70	Years	Months 5
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Supt. Cemetery		Where Residing if not at place of death		Germany	
	Married, Single or Widowed	Married		Name of Wife or Husband	Theresa Ochstutter		
	Father's Name	Francis Hifnar		Father's Birthplace	Germany		
	Mother's Maiden Name	Annie Ryer		Mother's Birthplace	"		
	Name of person giving information	Theresa Hifnar		How related to deceased	Wife		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Organic Heart Trouble				How long	3 mo.
	Immediate	Heart failure				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	H. B. Haddox	
					Address	Gaithersburg Maryland	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Jan'y	28	16			
Sex	Male	Color or Race	White -	Birth-place	Montgomery Co		
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Lewi Johnson				Father's Birthplace	Montgomery Co	
Mother's Maiden Name	Kelly				Mother's Birthplace	"	
Name of person giving information	W. R. B. Pumphey				How related to deceased	None -	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	In tuberculosis	How long	8 mos.
Immediate	Exhaustion	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C. H. Mannat
		Address	Rockville, Maryland.
Accident or Suicide?			



Caleb Lewis

Town

County

MARYLAND

Died at Damascus Montgomery

Date 1906 / 20 Month Day Y. M. D. Age 89 9 3 Native of Md. Occupation Farmer

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband of Beria Lewis

Father's Name Lewis Mother's Name Betsy Watkins

Cause of Death { Primary Perile Pneumonia How long sick 5 days

Immediate Exhaustion (93) ~~Accident, Suicide, Homicide~~

Reported by O. B. Lamsdale M.D.

Address Damascus Md ✓

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Nicholas McAbee

CERTIFICATE OF DEATH

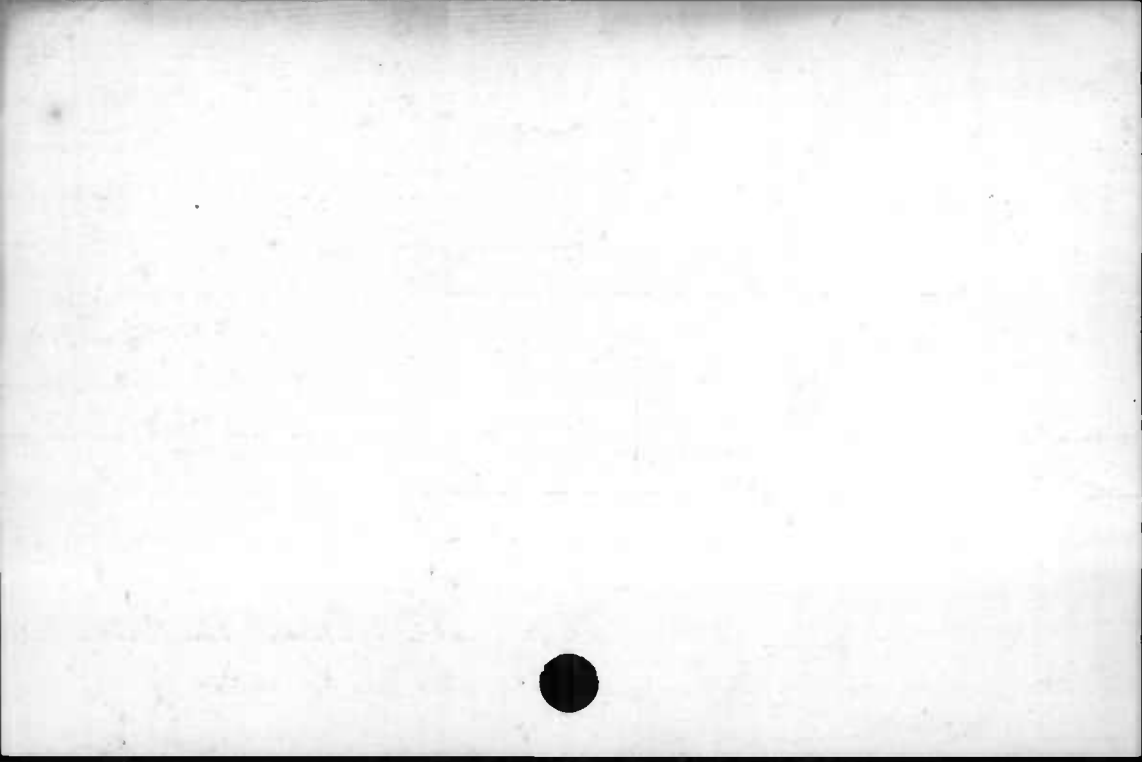
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Laytonville</i>		Town <i>Laytonville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Jan</i>	Day <i>19</i>	Age <i>67</i>	Years	Months <i>10</i>	Days <i>24</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Montgomery Co</i>			
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Harriet Leanna Simpson</i>					
Father's Name <i>—</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Chanty Snowden</i>				Mother's Birthplace <i>Montgomery Co</i>			
Name of person giving information <i>Wm H McAbee</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Grip</i>	<i>(10)</i>	How long <i>3 weeks</i>
Immediate <i>Pneumonia</i>		How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>V H Dyson</i>	Address <i>Laytonville Ind</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Edward's Ferry</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	1906	Month	January	Day	23	Age	3
Sex	Male	Color or Race	Negro	Birth-place	Elmer Md		
Occupation				Where Residing if not at place of death	Edward's Ferry		
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Richard Wdker			Father's Birthplace	Elmer Md		
Mother's Maiden Name	Olivia Peters			Mother's Birthplace	Martin'sburg		
Name of person giving information	Dr R. E. Scott			How related to deceased	Physician		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>3 days</i>
Immediate	<i>Convulsion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Richard E. Scott</i>
		Address	<i>Bolesville Md</i>
Accident or Suicide?	<i>no</i>		



Name
in
Full

CERTIFICATE OF DEATH

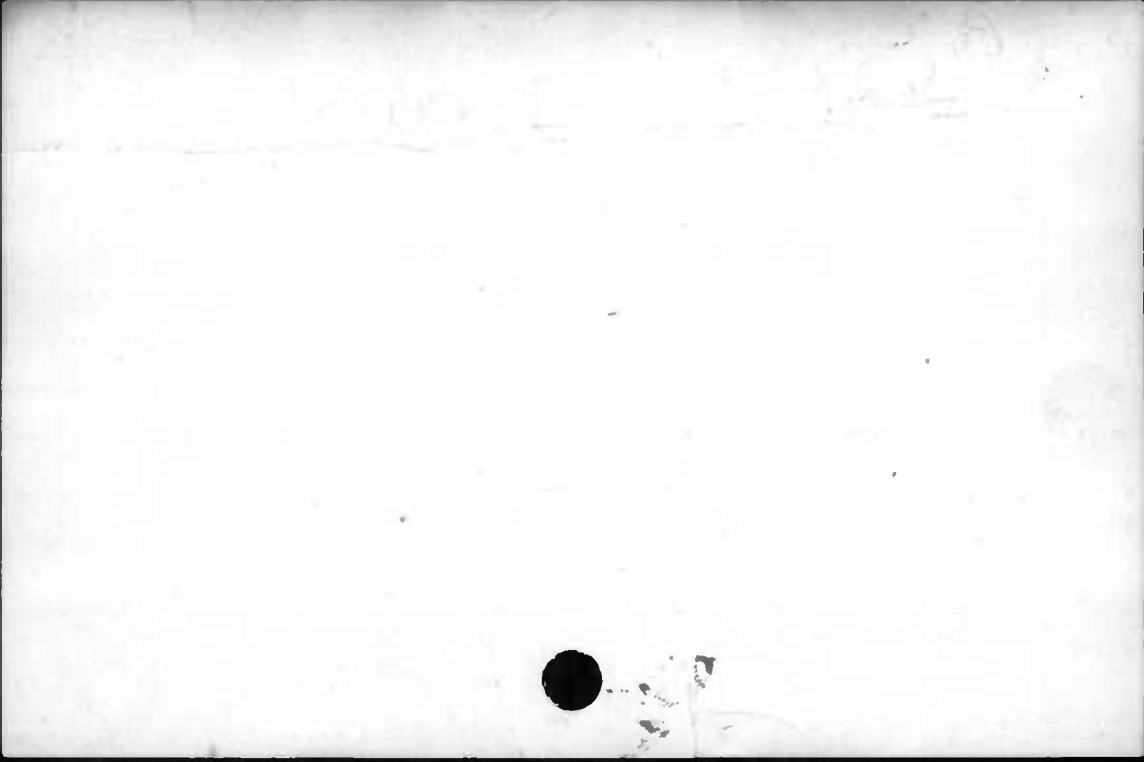
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Hencen Plummer</i>		Town <i>Dawsonville</i>		County <i>Montg.</i>		State <i>MARYLAND</i>	
Died at		Date of death		Age		Months Days	
<i>1906</i>		<i>1</i>		<i>13</i>		<i>57</i>	
Sex <i>male</i>		Color or Race <i>negro.</i>		Birth place <i>Dawsonville Md.</i>		Occupation	
Married, Single or Widowed		Name of Wife or Husband <i>Cora Plummer</i>		Where Residing if not at place of death			
Father's Name <i>Unknown</i>		Father's Birthplace		Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace	
Name of person giving information <i>Physician</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Endocarditis</i>	How long <i>3 mo.</i>
Immediate <i>Asthma</i>	How long —
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. D. House M.D.</i>
	Address <i>Dawsonville Md.</i>
Resident or Suiidae? <i>Resident</i>	



Richard Poole

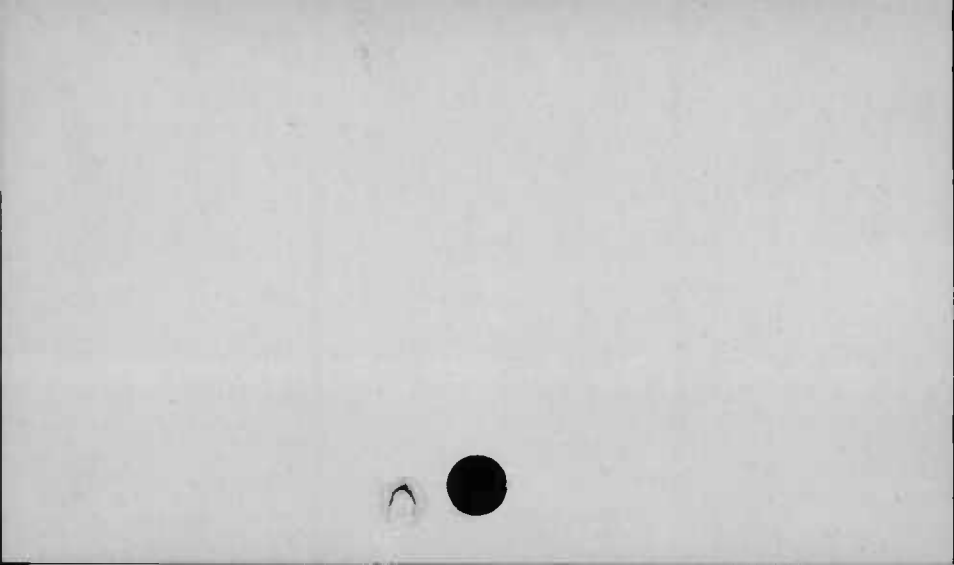
Died at ^{Town} *Poolesville* ^{County} *Montgomery* MARYLAND
 Date 19 *06* ^{Month} *Jan* ^{Day} *12* Age *62 2/12* ^{Y.} ^{M.} ^{D.} ^{Native of} *Mid* ^{Occupation} *None*
 Male ☒ ~~Female~~ White ☒ ~~Colored~~ Married ☒ ~~Widow~~ ~~Divorced~~ ~~Widower~~
 Number of children living *3*

Husband of *Florence Poole*
 Wife of *John Poole* ^{Mother's} *Ann Rebecca Cost*
 Name ^{Maiden Name}

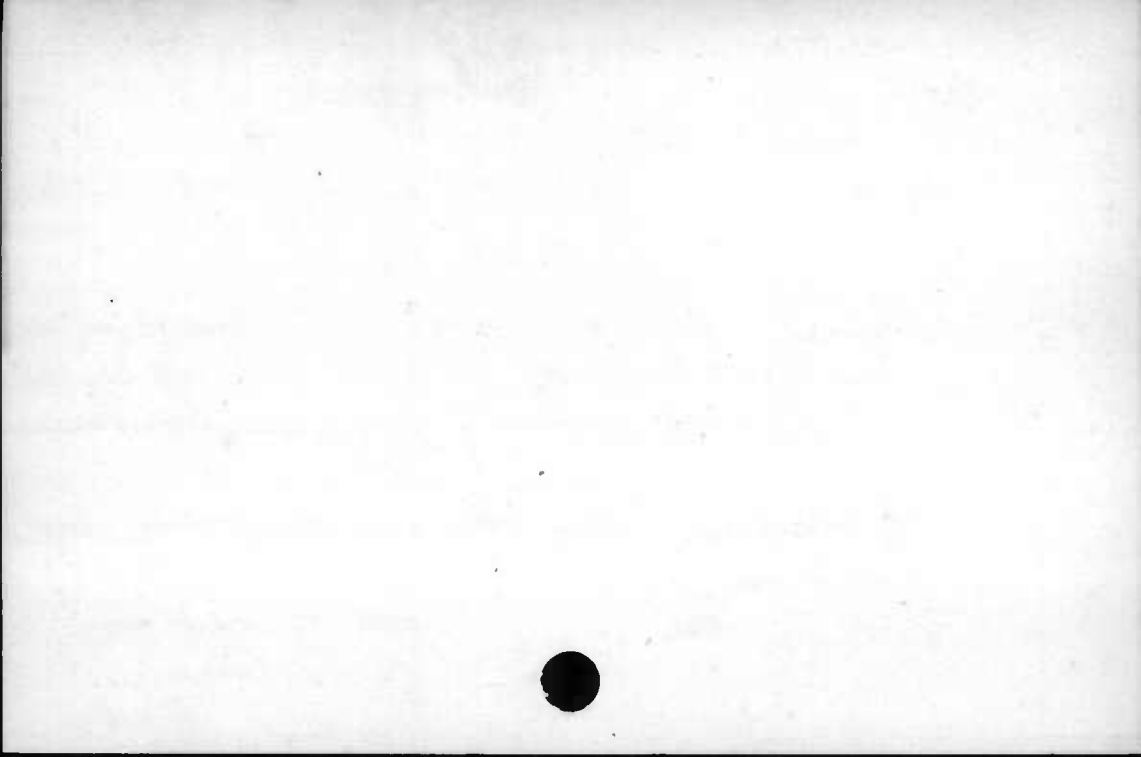
Cause of Death { Primary *valvular heart disease* How long sick *3 months*
 Immediate *Pulmonary edema* ~~Accident, Suicide, Homicide~~

Reported by *B. W. Walling M.D.*
 Address *Poolesville, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		William Dorsey Proctor				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} Poolsville		^{County} Montgomery		MARYLAND		
	Date of death	1906	Month	January	Day	18	Age
			Years		Months		Days
	Sex	Boy	Color or Race		Negro		
	Occupation			Birth place		Poolsville	
			Where Residing if not at place of death		Poolsville		
	Married, Single or Widowed		Name of Wife or Husband				
Father's Name				Father's Birthplace			
Mother's Maiden Name		Mollie Proctor		Mother's Birthplace		Poolsville	
Name of person giving information		Robert Proctor		How related to deceased		Grand-father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Deep Cold.		(NO)	How long	3 weeks	
	Immediate	Convulsions			How long	one day	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
					Poolsville		
Accident or Suicide?				Md			



Name
in
Full

James Paul McComas Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near <i>Olney</i>		County <i>Montgomery</i>		MARYLAND	
Date of death 1906	Month <i>Jan.</i>	Day <i>1st</i>	Age <i>5-</i>	Months <i>9</i>	Days <i>14</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Montg. Co. Md.</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Thomas Smith</i>			Father's Birthplace <i>Montg. Co. Md.</i>		
Mother's Maiden Name <i>Caroline Askins</i>			Mother's Birthplace <i>Montg. Co. Md.</i>		
Name of person giving information <i>Thomas Smith</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Burn from clothing taken fire.</i>	How long <i>About five days.</i>
Immediate <i>Asthenia</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. Farguhar,</i>
	Address <i>Olney, Md.</i>
Accident or Suicide?	



Name
in
Full

Perry Snowden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Olney</i>		County <i>Montgomery</i>		STATE <i>MARYLAND</i>	
Date of death 190 <i>6</i>	Month <i>Jan.</i>	Day <i>8</i>	Age <i>77</i>	Years	Months <i>—</i>	Days <i>8</i>	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Montg. Co. Md.</i>				
Married, Single or Widowed	<i>Married</i>		Occupation <i>Laborer</i>				
Name of Wife or Husband			<i>Elizabeth Snowden</i>				
Father's Name			Father's Birthplace <i>Montg. Co. Md.</i>				
Mother's Name			Mother's Birthplace <i>Montg. Co. Md.</i>				
Name of person giving information			How related to deceased <i>Son</i>				
<i>Chas. Henry Edmund Snowden</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia after Nephritis</i>	How long	<i>Three days</i>
Immediate	<i>Uræmia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Chas. Farquhar.</i>
		Address	<i>Olney, Md.</i>
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

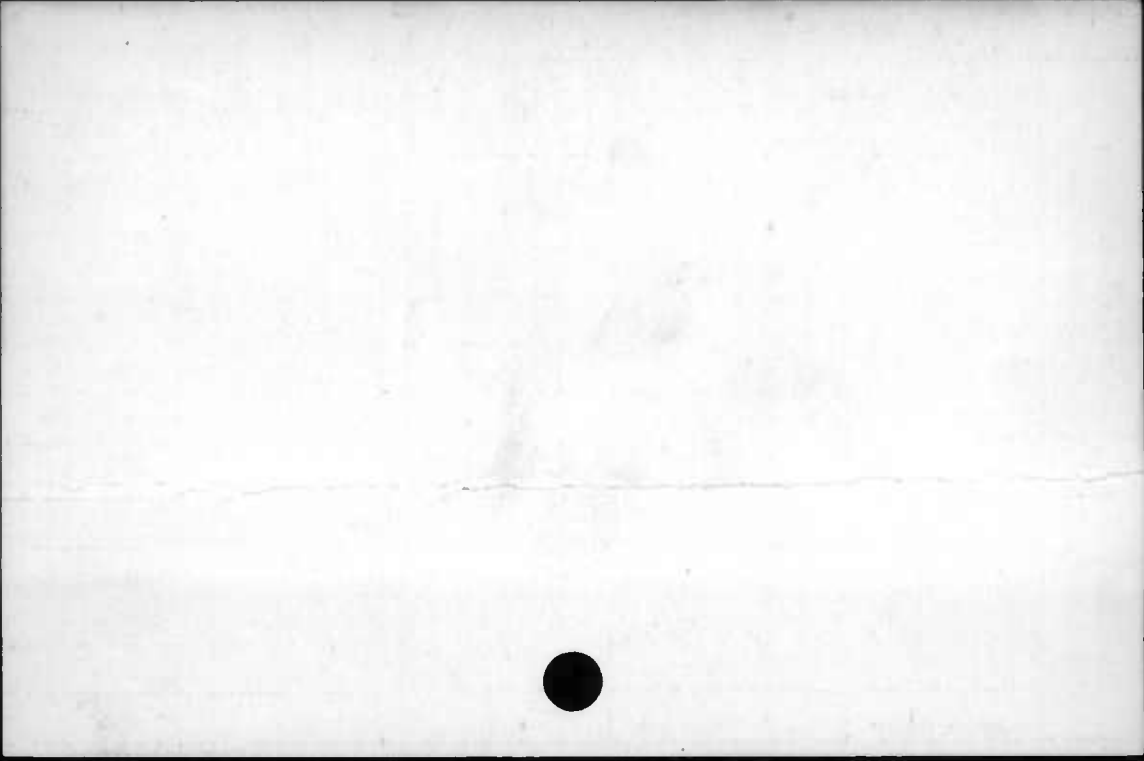
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Takoma Park</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death 190 <u>6</u>	Month <u>Jan</u>	Day <u>1</u>	Age <u>76</u>	Months <u>1</u>	Days <u>8</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place		
Married <input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed			Occupation <u>Clerk</u>		
Name of Wife or Husband <u>C. T. Speer</u>					
Father's Name <u>Butler</u>			Father's Birthplace <u>Ky.</u>		
Mother's Maiden Name <u>Sallie Butler</u>			Mother's Birthplace <u>Ky.</u>		
Name of person giving information <u>Kithie S. Cramer</u>			How related to deceased <u>Daughter</u>		

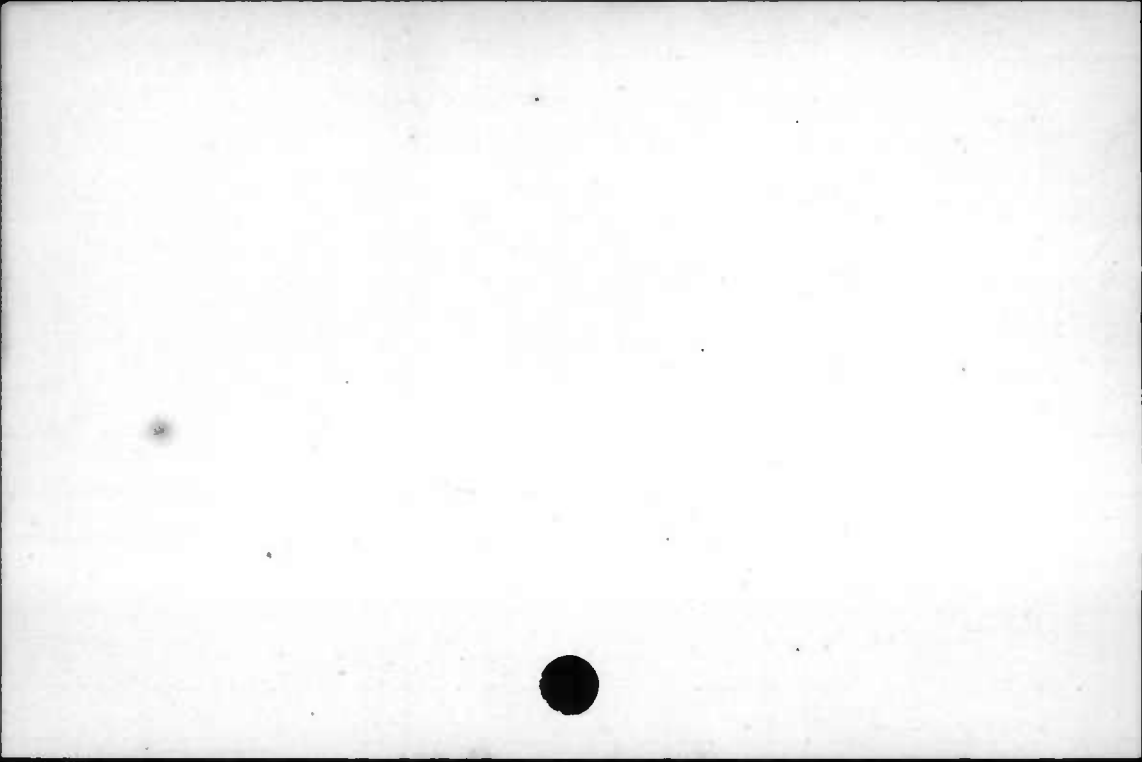
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Senility</u>	How long <u>12</u>
Immediate <u>Heart disease</u>	How long <u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Alfred T. Parsons</u>
	Address <u>Takoma Park, Md.</u>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name in Full		Sullivan				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND		
	Beallsville				Montgomery				
	Date of death	1906	Month	January	Day	26	Years	Months	Days
	Age		Still-born						
	Sex	male		Color or Race	white		Birth- place	Beallsville Md	
	Occupation			Where Residing if not at place of death					
	Married, Single or Widowed		Name of Wife or Husband						
PHYSICIAN OR CORONER	Father's Name		John M Sullivan				Father's Birthplace	Va	
	Mother's Maiden Name		Louisa Kiehl				Mother's Birthplace	Va	
	Name of person giving In formation		R L Chote				How related to deceased	physician	
	CAUSES OF DEATH								
	Primary	Still born				How long			
Immediate	Been dead for week				How long				
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		R L Chote			
				Address		Pooksville			
Accident or Suicide?						Md			



Name
in
Full

Carrie Teresa Thomas

CERTIFICATE OF DEATH

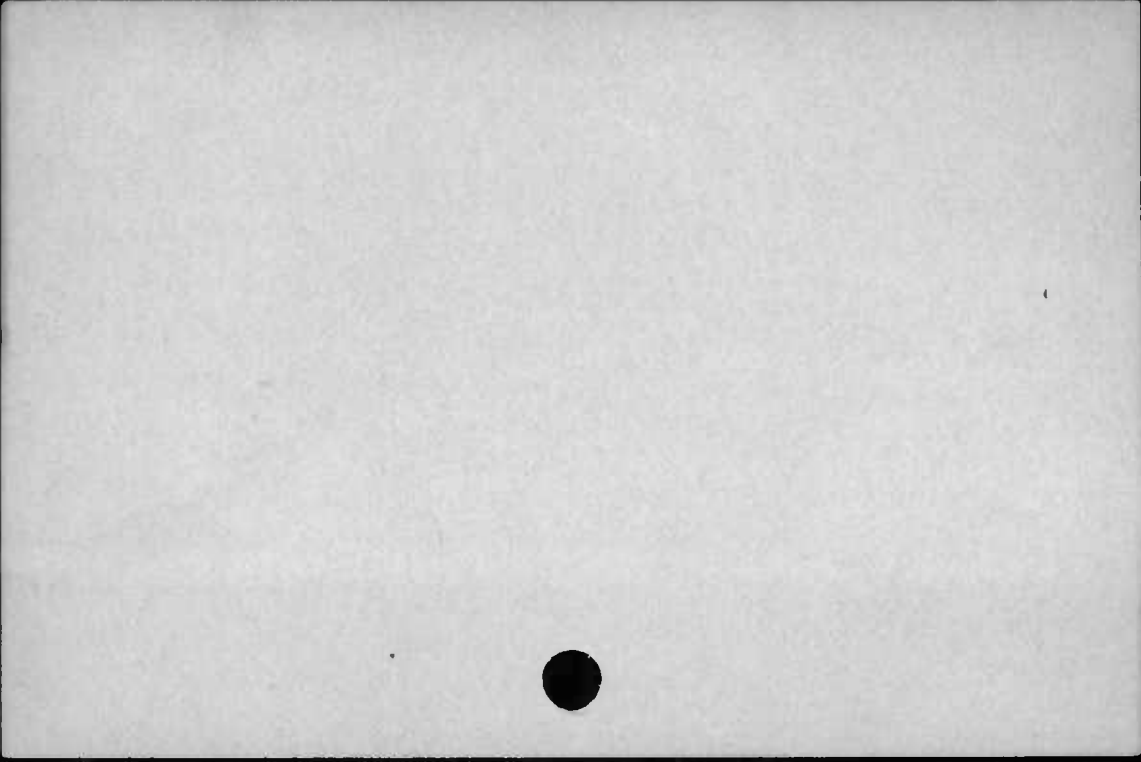
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Sandy Spring</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1906	Month <i>Jan.</i>	Day <i>22</i>	Age	Years <i>2</i>	Months <i>—</i>	Days <i>11</i>
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth- place	<i>Montg. Co. Md.</i>
Occupation	<i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>Wm. Eli Thomas</i>					Father's Birthplace	<i>Montg. Co. Md.</i>
Mother's Maiden Name	<i>Mary Louisa Burke</i>					Mother's Birthplace	<i>Baltimore Md.</i>
Name of person giving Information	<i>Mary Louisa Burke</i>					How related to deceased	<i>Mother.</i>

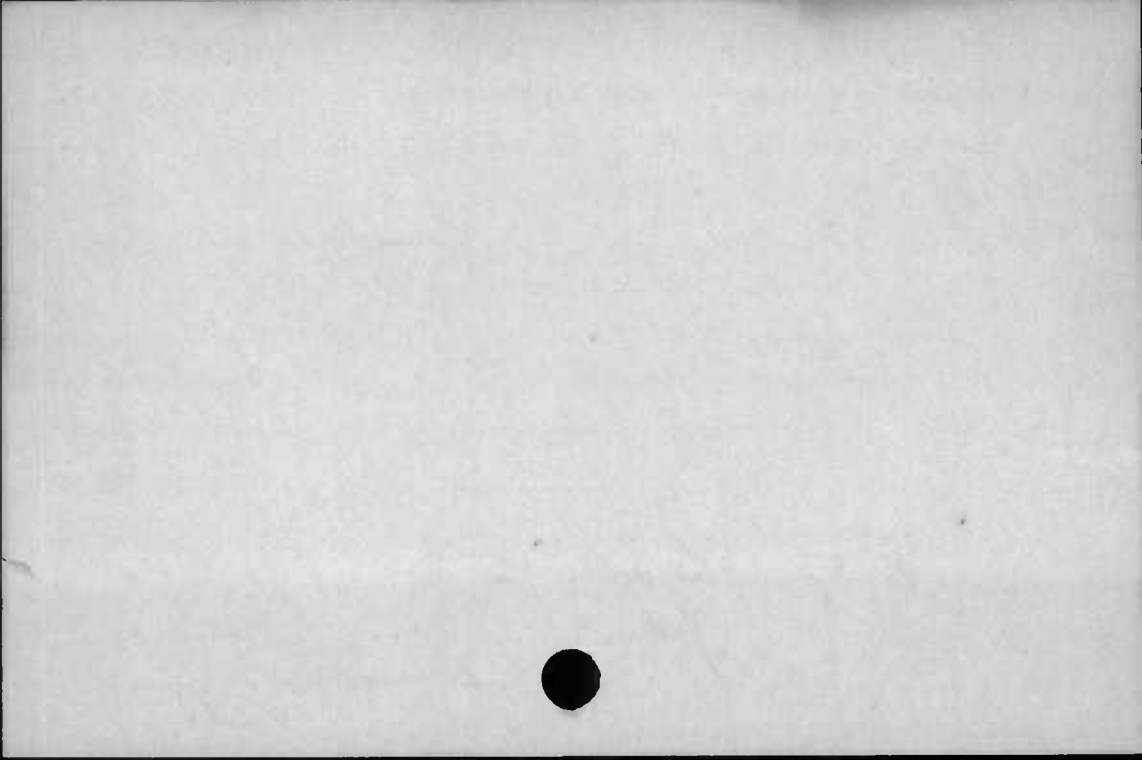
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Whooping Cough</i> 8		How long	<i>3 months</i>
Immediate	<i>Pneumonia Catarrhal</i>		How long	<i>About one week</i>
Are the name, age, sex, color, data and place correctly given above?	<i>Yes</i>		Signature of Physician	<i>Chas. Farguehar.</i>
			Address	<i>Q. Luey.</i>
Accident or Suicide?	<i>✓</i>			<i>Md.</i>



Name in Full		Sussan L. Thomas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Ashton		Montgomery		MARYLAND	
	Date of death	1906	Month 1	Day 5	Age 59	Months 8	Days
	Sex	Female		Color or Race	white American		
	Occupation	House wife		Where Residing if not at place of death	Ashton		
	Married, Single or Widowed	Widowed		Name of Writer or Husband	A. G. Thomas		
	Father's Name	Thomas Leazate		Father's Birthplace	N. Y. State		
	Mother's Maiden Name	Patience Haylock		Mother's Birthplace	N. Y. State		
	Name of person giving information	Catharine Burke		How related to deceased	Mother		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Carcinoma		(4)		How long	Malignant tumor Six months
	Immediate	obstruction of bowels				How long	10 days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Roger Burke
					Address		Sandy Spring
	Accident or Suicide?						



Name
in
Full

Eliza Pratt Turner

CERTIFICATE OF DEATH

MARYLAND

Died ^{Town} near Brookville ^{County} Montg

Date of death 1906 Jan. 3rd Age 32 Years Months Days

Sex Female Color or Race Colored Birthplace Montg. Co.

Married, ~~Single~~ or ~~Widowed~~ Occupation Cook

Name of Wife or Husband of Wm. Turner

Father's Name Louis Pratt Father's Birthplace Richmond Va.

Mother's Maiden Name Selina Wallace Mother's Birthplace Brookville Md.

Name of person giving information Rachel Joppa How related to deceased Sister

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

137

Peritonitis after Labor

8 days

Yes

Dr. W. F. Green,

Brookville,
Md.



Name
in
Full

George Clagett Umphrey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Four Corners* Town*Montg* County

MARYLAND

Date
of death *1906*Month
*Jan*Day
*23*Age
*80*Year
80

Months

Days

Sex
*Male*Color or
Race*Colored*Birth-
place*Md.*

Occupation

*Laborer*Where Residing if not
at place of deathMarried, Single
or Widowed*Widowed*Name of Wife or
HusbandFather's
Name*Isaac Umphrey*Father's
Birthplace*Md.*Mother's
Maiden Name*Nellie Hatten*Mother's
Birthplace*"*Name of person giving
information*Jessamine Clark*How related
to deceased*Daughter*

CAUSES OF DEATH

Primary

General Senility

How long

Immediate

Dyspepsia

How long

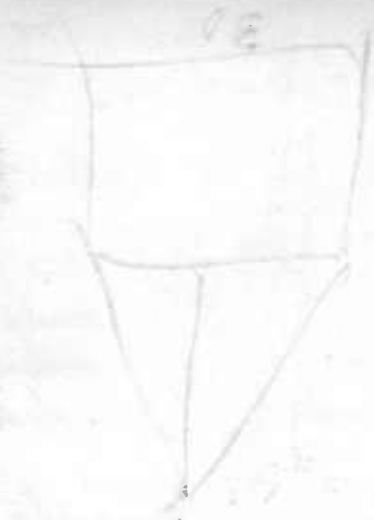
*One month*Are the name, age, sex, color, date
and place correctly given above?*Yes.*Signature of
Physician*H. D. Brown*

Address

Silver Spring

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Mathie Watson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

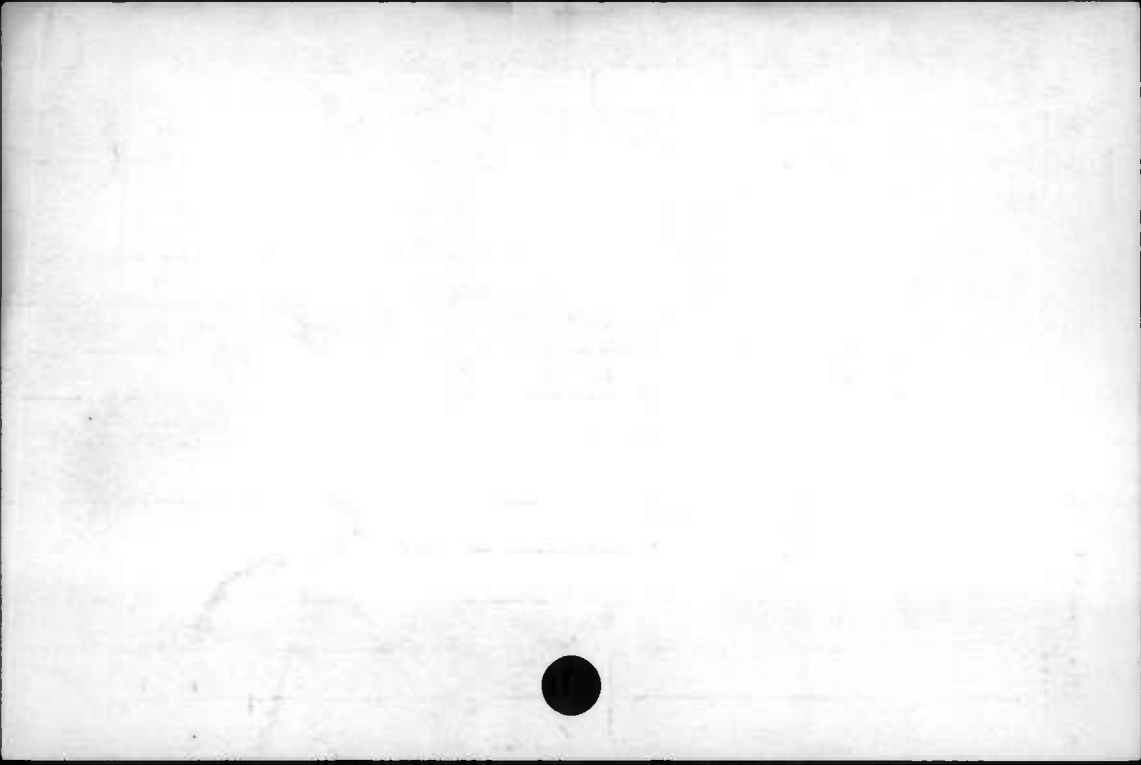
MARYLAND

Died at <u>Rockville</u> ^{Town}		<u>Montgomery</u> ^{County}			
Date of death 190 <u>6</u> ^{Month} <u>July</u> ^{Day} <u>10</u> ^{Year}	Age <u>24</u>	Months <u>9</u>	Days <u>5</u>		
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Montgomery Co Md</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Housework</u>				
Name of Wife or Husband <u>Louis Watson</u>					
Father's Name <u>Joseph Bauman</u>	Father's Birthplace <u>D.C.</u>				
Mother's Maiden Name <u>Margaret Bauman</u>	Mother's Birthplace <u>Md</u>				
Name of person giving Information <u>Frederick Bauman</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>3 or 4 mo.</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>[Signature]</u>
	Address <u>Rockville Md.</u>
Accident or Suicide? <u>No.</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Josephine Wilson* County *Montg.*
Died at *Gaithersburg*
Date of death *1906* Month *1* Day *27* Age *6* Years Months Days
Sex *Female* Color or Race *White* Birth-place *Md.*
Occupation _____ Where Residing If not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Bertie Susan Zimmerman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Barnesville* TownCounty *Monongomery*

MARYLAND

Date of death *1906* JanDay *13*Age *27* YearsMonths *6*Days *—*Sex *Female*Color or Race *white*Birth-place *Frederick Md.*Occupation *—*

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *Edward J. Zimmerman*Father's Birthplace *Frederick Md.*Mother's Maiden Name *Annie M. E. Zimmerman*Mother's Birthplace *" "*Name of person giving information *Edward J. Zimmerman*How related to deceased *Brother*

CAUSES OF DEATH

Primary *Bright's disease*How long *Four years*Immediate *Pneumonia*

How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

J. H. Stenhouse
Barnesville Md

Accident or Suicide?

PHYSICIAN
OR CORONER

